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MEMORANDUM FOR SURGEON GENERAL OF THE ARMY  
SURGEON GENERAL OF THE NAVY  
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SUBJECT: Department of Defense (DOD) Population Health Improvement (PHI) Plan and Guide

The Military Health System (MHS) is making significant progress toward optimizing clinical and business practices as guided by the MHS Optimization Plan (February 1999) and endorsed in the OASD(HA) Memorandum for Lead Agents (March 1, 2000). The foundation of optimization efforts is population health improvement. The MHS Optimization Plan called for the creation of a Population Health Improvement Plan. A first draft of the DoD PHI Plan was published in April 2000 for reference and comments.

The first edition of the DoD PHI Plan and Guide has now been finalized to provide implementation guidance. This memorandum is to announce its release and to encourage its wide dissemination and use. The PHI Plan and Guide, particularly the seven key process elements for population-based health care, will be useful to all DoD personnel as a reference for planning and improving DoD healthcare delivery programs. The Plan and Guide also provides a strategic overview for those in leadership positions as well as those performing the tasks. The overview provides a conceptual framework for population health improvement and a discussion on how to make population health improvement a reality in the DoD. Experts from the three Services, TRICARE Management Activity and other DoD offices contributed to the final version of the PHI Plan and Guide. It has been extensively reviewed to create a comprehensive final document.

The complete PHI Plan and Guide, or any of its parts can be viewed and downloaded at [http://www.tricare.osd.mil/mhsophsc/DoD\\_PHI\\_Plan\\_Guide.pdf](http://www.tricare.osd.mil/mhsophsc/DoD_PHI_Plan_Guide.pdf). With the vast array of resources identified in the PHI Plan and Guide, the Services can accelerate their planning and implementation strategies to improve population health programs in a more concerted and coordinated manner across the MHS.

While the Services are responsible for their specific implementation policies for population health improvement, the PHI Plan and Guide is the resource that will ensure a consistent benefit and unity of effort to achieve population health for all military communities.

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A handwritten signature in black ink, appearing to read "Thomas F. Carrato".

Thomas F. Carrato

# Acknowledgments

The DoD Population Health Improvement Plan and Guide was prepared under the supervision of the Military Health System (MHS) Population Health Integration Team, with oversight provided by the MHS Optimization Team. This first edition of the Plan and Guide is an expansion of the draft Population Health Improvement Plan and Guide written by the MHS Population Health Working Group and released in April 2000. Experts from the Center for Health Promotion and Preventive Medicine (CHPPM, U.S. Army), Navy Environmental Health Center (NEHC, U.S. Navy), Population Health Support Directorate (PHSD, U.S. Air Force) and Office of the Special Assistant for Optimization, TRICARE Management Activity, contributed valuable direction, content and technical assistance for writing this edition. A special thanks is extended to the many people across the MHS who critically reviewed the final draft.

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# Executive Summary

The Military Health System (MHS) mission is to provide health services to the full range of military deployments and to maintain the health of members of the armed forces, their families and others. This can be accomplished through the MHS goals to protect military forces from medical threats, employ a comprehensive health plan, use health promotion and prevention, and optimize clinical outcomes. The MHS, however, is a large and unique integrated health system that is part of the larger Department of Defense (DoD) and all its surrounding communities. Within the MHS, DoD and surrounding communities, are those programs and activities that can be employed to improve the health of military communities; Force Health Protection, worksite and community-based, and TRICARE health plan programs. Programs in each of these areas contribute to the DoD strategy for population health improvement.

Population health improvement (PHI) is the balancing of awareness, education, prevention and intervention activities required to improve the health of a specified population. This model unites self-care, MTF, worksite and community-based wellness and prevention activities and medical interventions into a comprehensive paradigm centered on primary, secondary, and tertiary prevention to reduce morbidity and premature mortality and improve health. These activities, in concert with strategies that optimize the appropriate use of health services, can reduce the gap that exists between forecasted demand and the capacity currently within the

health care system. The strategies are to modify personal disease and injury risk, effectively change behaviors to optimize health and enhance fitness, allow health services providers to render necessary care while reducing unwarranted treatment variation, and achieve measurable improvements in performance and health status. This broad scope of activities and strategies is the responsibility of the DoD and, more specifically, the MHS.

Department of Defense activities for population health improvement are in three areas: Force Health Protection, worksite and community-based programs, and TRICARE health plan programs. These programs are combined in DoD to cover the core functions of public health, health care services of large managed health plans and military-unique operations. The balance of health improvement activities within these areas should address those factors that influence health—the determinants of health. Determinants such as individual behaviors and the physical and social environment must be addressed in DoD programs, as well as access to traditional health care services. Also, interventions must be balanced to target the most health impacting determinants through comprehensive primary, secondary and tertiary prevention strategies.

Making population health improvement a reality in the DoD requires that a systematic approach be taken for population health improvement. Community health planning, policy-making and programming must be methodical and ongoing. Plans,



policies and programs must reflect sound population health principles. The first principle is to explicitly define the populations targeted for interventions. Next, the use of applied epidemiology should drive the identification of community health problems, their risk factors and appropriate interventions. The interventions chosen should be evidence-based clinical and business interventions to ensure the best health outcomes that are also the most cost-effective. The greatest positive impact on population health will come from programs that leverage evidence-based primary, secondary and tertiary prevention strategies that emphasize primary disease and injury prevention and early diagnosis whenever possible and treatment and rehabilitation when necessary. The fourth principle is to manage information to support ongoing health status assessment, planning, and performance monitoring and improvement. Actionable information must be provided to all levels of the organization—providers, MTFs, Regional Lead Agent offices, Managed Care Support Contractors and Service Headquarters. Finally, knowledge about what works and how to do it must be managed to ensure thorough analysis and dissemination to all functional units in DoD.

Plans, policies and programs are effective only when the right resources are in place to implement them. The DoD must build the capacity to implement population health improvement initiatives. Health promotion and disease and injury prevention programs require renewed emphasis. Primary care capacity

must be sufficient to ensure clinical preventive services can be delivered. The increasing need for health data collection, analysis and interpretation drives new functions in DoD health programs. As population health improvement activities mature, many traditional programs such as Utilization Management will be integrated into population health improvement processes and will not continue as separate entities.

Planning and programming for the broad portfolio of health programs affecting military communities is complex. Increasing technology and service costs and increasing demands for health services mean priority needs typically exceed available resources. And, like other large health systems, the MHS must continually improve health services while achieving greater efficiency. To this end, the MHS Optimization Plan was drafted to outline the key tasks that, if coordinated and integrated, will improve the quality and cost-effectiveness of services provided by the MHS. A cornerstone of the Optimization Plan is its focus on population health. The population health imperative is to develop and implement a plan and model to “optimize clinical outcomes across the MHS” and improve health by shifting from an emphasis on disease and injury intervention to prevention and health promotion.

The DoD Population Health Improvement Plan and Guide provides the conceptual framework for improving the health of populations and will guide users to specific actions and

tools that will help to build healthy communities. It also provides guidance in support of a uniform health care system based on systematic clinical and business decision processes. The PHI Plan and Guide includes an extensive catalogue and links to offices and tools to support the implementation of population health initiatives. It is the resource that will ensure fidelity to sound population health principles and processes and bring unity of effort to achieve population health improvement to all military communities.

This document is divided into several parts that cover the breadth of a framework and the principles of population health improvement and the depth of implementation concepts, processes and tools. The introduction describes how the PHI Plan and Guide was chartered by the MHS Optimization Plan. It also introduces readers to the sections of the Plan so they can easily navigate to those sections they want to read now and those they want to return to later.

Section I provides a comprehensive strategic and academic overview of population health improvement. It describes how Force Health Protection, worksite and community-based programs, and TRICARE health plan programs are integrated in DoD. It also provides a primer on population health that includes definitions and discussions of how to measure population health, the determinants of health, and primary, secondary and tertiary prevention strategies.

Force Health Protection (FHP) is the doctrine that describes how DoD will protect the health of fighting forces. Section II introduces the FHP doctrine and the pillars—healthy and fit force, casualty prevention, and casualty care and management.

The Military Health System can have a significant positive effect on population health through worksite and community-based programs. The scope of interventions that can be implemented in worksite and community-based venues is very broad. Worksite and community-based programs for population health improvement (Section III) should address areas of health promotion and protection (including environmental health), disease and injury prevention and screening, and public health surveillance.

The Military Treatment Facility (MTF) Implementation Guide, Section IV, describes the strategy and seven key process elements that will drive the MHS implementation of population health improvement activities through the TRICARE health plan. The key process elements are:

1. Identify the population
2. Forecast demand
3. Manage demand
4. Manage capacity
5. Evidence-based primary, secondary & tertiary prevention
6. Community outreach
7. Analyze performance and health status

A detailed discussion of the concepts, functions, roles, and tools is presented for each process element. Also, links are included to program offices, reference materials and tools so that readers can develop and implement process elements.

This PHI Plan creates functions and structure that will enable the MHS to implement population health improvement programs across the MHS. Regional Lead Agent population health offices (Section V) will facilitate communication between MTFs, Managed Care Support Contractors and enterprise-level planners, policy-makers and programmers. The MHS will operate as a learning organization supported by the MHS Optimization and Population Health Support Center (OPHSC) (Section VI) that merges concepts of evidence-based decision-making with lessons learned and disseminates them across the system.

Education and assimilation of these principles throughout the MHS is compulsory. The strength of the MHS is its control over the military clinicians' educational process from undergraduate to professional, and from basic military education through technical training. In particular, clinic level personnel must have the skill to use the tools described in this document. This will require a concerted effort across the MHS.